Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

121,1001/DUF

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TC	TAL CLAIMS	19					RATE	FEE		RATE	FEE	
FO	R .	NUMBER FILED		NUMBER EXTRA		•	BASIC FEE	355,60	OR	BASIC FEE	710.00	
то	TOTAL CHARGEABLE CLAIMS 49 minus 2			us 20=	. 29			X\$ 9=		OR	X\$18=	522
IND	NDEPENDENT CLAIMS 7 minus 3 =					4		X40=		OR	X80=	320
MU	LTIPLE DEPEN				+135=		OR	+270=	-8			
* If the difference in column 1 is less than zero, enter "0" in colu								TOTAL		OR	TOTAL	1550
F .	CLAIMS AS AMENDED - PART II										OTHER THAN SMALL ENTITY	
· ·		(Column 1) CLAIMS	1	(Colui		(Column 3)	1	SMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 49	Minus	L	9	=		X\$ 9=	ne manager setter to	OR	X\$18=	ء مستور ک
AME	Independent	NTATION OF M	Minus	***	T C AIM	= /		X40=		OR	X80=	
	SUCCESSION	INTATION OF M	ULTIPLE DEF	PENDEN	CLAIM		J	+135=		ØŔ	+270=	
			ego monor de en	Name and Service Services		milion milion milion and medicinale		TOTAL	37	OR	TOTAL ADDIT FEE	400年
		(Column 1)		(Colu	mn 2\	(Column 3)		ADDIT. FEE			AUUII.FEE	
i a	The second secon	CLAIMS		HIGH	HEST	(Column o)	ו ל		ADDI-		7 (4) \$34.8	SADDI-
8		REMAINING AFTER			IBER OUSLY	PRESENT	- :	RATE	TIONAL		RATE	TIONAL
EN		AMENDMENT			FOR		1	Z.	FEE .			FEE
AMENDMENT B	Total		Minus	**				X\$ 9=	· 第一卷	OR	X\$18=	
AME	Independent		Minus	***		<u> =</u>		X40=		OR	∵X80 ≟	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							11				or de November
`g (€) '(••)					• •			+135=		OR	+270=	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
							- '	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	t tilbre f
		(Column 1)		(Colu	mn 2\	(Column 3)		ADDII. I CE I				
	Committee with the fact of	CLAIMS	1	HIGH	HEST	T	ካ 1		ADDLE	/ 		LADDI
AMENDMENT C		REMAINING AFTER AMENDMENT	* **	PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	ا ا	X40=			X80=	7 :
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
·			.		- 61-4-1	.: _ _		+135=		OR	+270=	
**	If the "Highest Nu	mn 1 is less than t mber Previously P	aid For" IN THI	S SPACE	is less tha	an 20, enter " 20)."	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												